

NIH NURSING MOTHERS PROGRAM REGISTRATION FORM

REQUIRED FIELDS:

Full Name:

Identification number: (From Badge)

Institute or Center:

Building

Room Number

Mail Stop

Work Phone

Home Phone

E-mail

OPTIONAL INFORMATION:

Job Title:

GS Level:

Home Address:

City:

State:

ZIP Code:

Baby's Due Date or Date of Birth:

Is this your first baby?

Return to Work Date:

COMMENTS:

(please note the dates of the prenatal classes you would to attend)

Send completed form to Jane Balkam at <mailto:balkamj@od.nih.gov>.